

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90166 012 ***150.00

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DOCUMENT # P01000111898

1. Entity Name
BE SAFE SECURITY, INC.



Principal Place of Business
5800 BARNES RD. S. APT. 199
JACKSONVILLE FL 32216

Mailing Address
5800 BARNES RD. S. APT. 199
JACKSONVILLE FL 32216



2. Principal Place of Business

2260 University Blvd. N.
Apt. 55

City & State
Jacksonville Florida

Zip
32211

Country
USA

3. Mailing Address

2260 University Blvd. N.
Apt. 55

City & State
Jacksonville

Zip
32211

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-1735996

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOSEPH S
5800 BARNES RD. S. APT. 199
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
City
FL Zip Code

SAME

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph S Allen*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-30-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALLEN, JOSEPH S
STREET ADDRESS 5800 BARNES RD. S. APT. 199
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE V
NAME ISRAEL, JACQUELINE Y
STREET ADDRESS 5800 BARNES RD. S. APT. 199
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALLEN, Joseph S.
STREET ADDRESS 2260 University Blvd, North Apt. 55
CITY-ST-ZIP JACKSONVILLE, Florida 32211

TITLE V
NAME ALLEN, JACQUELINE Y.
STREET ADDRESS 2260 University Blvd, North Apt. 55
CITY-ST-ZIP JACKSONVILLE, Florida 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph S Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03

Date

Daytime Phone #

(904) 744-7313

CR2E034 10/0/02